Revision: HC

HCFA-PM-87-9 AUGUST 1987 (BERC)

ATTACHMENT 4.22-A

Page 1

OMB NO.:

0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: UTAH

Requirements for Third Party Liability - Identifying Liable Resources

1. Data exchanges are conducted quarterly with the State Wage Collection Agency - Utah State Employment Security (USES), Social Security Administration (SSA), and the 4-A Agency via the States Income Eligibility Verification System (IEVS).

Paid claims diagnosed with trauma codes (ICDCM series 800-999) are reported monthly by the MMIS to the Third Party Liability (TPL) Recovery Unit.

Oata exchanges are conducted quarterly with the State Workers Compensation Agency.

- 2. The State Agency follows up on information as specified in 42 CFR 433.138 (g) (1) within 30 days and follows up on information as specified in 42 CFR 433.138 (g) (2) within 60 days to determine legally liable Third Party sources. The Third Party information is then assimilated as follows:
 - a. Entered into the MMIS TPL Data Base by the Cost Avoidance Unit.
 - b. Reported to the TPL Recovery Unit on MMIS generated paid claims reports whenever thresholds are exceeded. Then a case file is opened and the data entered in the Social Services Data Base for collection.
 - c. Reported to the APA Intake/Eligibility Unit via the MMIS/APA(PACMIS) Interface where it can be integrated into the eligibility case file.

Claims are thereby processed under procedures specified in 433.139 (b-f).

3. The agency conducts a data exchange between Motor Vehicle files of accident reports and the Medicaid recipient files each month. The information is entered into a case file (Social Services TPL Data Base) by the TPL Recovery Unit within 60 days following a match for the purpose of determining liability. Upon confirmation that a Third Party will pay for treatment related to an accident, a claim is submitted for recovery to the Third Party Payor. The Third Party information is entered in the MMIS TPL Data Base whereby future claims related to the specific injury can be denied (cost avoided) by MMIS edits.

T.N. # 90-08
Supersedes Approval Date 4190 Effective Date 4190
T.N. # 83-41

Revision: HCFA-PM-87-9

AUGUST, 1987

(BERC)

ATTACHMENT 4.22-A Page 1 (continued) OMB NO.: 0938-0193

4. Paid claims and ICDCM trauma codes are matched by the MMIS and reported monthly to the TPL Collection Unit. The information is entered in a case file (Social Services TPL Data Base) by the TPL Recovery Unit within sixty days following a match on the report. Follow up is prioritized according to ICDCM codes selected for their history of yielding higher Third Party recoveries. Periodic reviews (6-12 months) are conducted on ICDCM trauma codes as previously reported to assess the potential for recovery on specific codes.

T.N. # 4/-87
Supersedes Approval Date 12/17/87 Effective Date 10/1/87
T.N. # ______